

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Title Line One::	APPARATUS AND METHODS FOR
Title Line Two::	FORMING AND SECURING
Title Line Three::	GASTROINTESTINAL TISSUE
Title Line Four::	FOLDS
Attorney Docket Number::	USGI-005-2C
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	41
Small Entity::	Yes
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ken
Middle Name::	
Family Name::	Michlitsch
Name Suffix::	
City of Residence::	Livermore
State or Province of Residence::	California
Country of Residence::	US
Street of Mailing Address:	4613 Pamela Commons
City of Mailing Address::	Livermore
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	94550

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Vahid
Middle Name::	C.
Family Name::	Saadat
Name Suffix::	
City of Residence::	Saratoga

State or Province of Residence:: California  
Country of Residence:: US  
Street of Mailing Address: 12679 Kane Drive  
City of Mailing Address:: Saratoga  
State or Province of Mailing Address:: California  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 95070

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Rich  
Middle Name::  
Family Name:: Ewers  
Name Suffix::  
City of Residence:: Fullerton  
State or Province of Residence:: California  
Country of Residence:: US  
Street of Mailing Address: 1437 W. Malvern  
City of Mailing Address:: Fullerton  
State or Province of Mailing Address:: California  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 92833

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Chris  
Middle Name::  
Family Name:: Rothe  
Name Suffix::  
City of Residence:: San Jose  
State or Province of Residence:: California  
Country of Residence:: US  
Street of Mailing Address: 1593 Sabina Way  
City of Mailing Address:: San Jose  
State or Province of Mailing Address:: California  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 95118

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Rodney  
Middle Name::  
Family Name:: Brenneman  
Name Suffix::

City of Residence:: San Juan Capistrano  
State or Province of Residence:: California  
Country of Residence:: US  
Street of Mailing Address: 34002 Las Palmas Del Mar  
City of Mailing Address:: San Juan Capistrano  
State or Province of Mailing Address:: California  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 92675

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Cang  
Middle Name::  
Family Name:: Lam  
Name Suffix::  
City of Residence:: Irvine  
State or Province of Residence:: California  
Country of Residence:: US  
Street of Mailing Address: 74 Stanford Ct.  
City of Mailing Address:: Irvine  
State or Province of Mailing Address:: California  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 92612

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Eugene  
Middle Name::  
Family Name:: Chen  
Name Suffix::  
City of Residence:: Carlsbad  
State or Province of Residence:: California  
Country of Residence:: US  
Street of Mailing Address: 3600 Corte Castillo  
City of Mailing Address:: Carlsbad  
State or Province of Mailing Address:: California  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 92009

**Correspondence Information**

Correspondence Customer Number:: 35023  
Phone Number:: 858.720.6320  
Fax Number:: 858.523.4326

#### Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	34,408	Nicola A. Pisano
Associate	32,967	Mitchell P. Brook
Associate	42,651	David E. Heisey

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part of	10/672,375	September 25, 2003
10/672,375	An application claiming the benefit under 35 USC 119(e)	60/500,627	September 5, 2003
This Application	Continuation-in-Part of	10/612,170	July 1, 2003
10/612,170	An application claiming the benefit under 35 USC 119(e)	60/433,065	December 11, 2002
This Application	Continuation-in-part of	10/639,162	August 11, 2003
10/639,162	An application claiming the benefit under 35 USC 119(e)	60/433,065	December 11, 2002
This Application	Continuation-in-part of	10/173,203	June 13, 2002
This Application	Continuation-in-part of	10/458,060	June 9, 2003
10/458,060	Continuation-in-part of	10/346,709	January 15, 2003
10/458,060	An application claiming the benefit under 35 USC 119(e)	60/471,893	May 19, 2003

This Application	Continuation-in-part of	10/288,619	November 4, 2002
10/288,619	Continuation-in-part of	09/746,579	December 20, 2000
10/288,619	Continuation-in-part of	10/188,509	July 3, 2002
10/188,509	Continuation-in-part of	09/898,726	July 3, 2001
09/898,726	Continuation-in-part of	09/602,436	June 23, 2000
09/602,436	An application claiming the benefit under 35 USC 119(e)	60/141,077	June 25, 1999

#### Assignment Information

Assignee Name:: USGI MEDICAL  
 Street of Mailing Address:: 3511 Thomas Rd. Ste. 1  
 City of Mailing Address:: Santa Clara  
 State or Province of Mailing Address:: California  
 Country of Mailing Address:: US  
 Postal or Zip Code of Mailing Address:: 95054

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